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CONFIRMATION NO. 9625

<b>SERIAL NUMBER</b> 10/800,913	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> NPR-154	
<b>APPLICANTS</b> Katsuhiro Hiejima, Osaka-shi, JAPAN; Ken Suzuki, Osaka-shi, JAPAN; Kazuyoshi Harada, Osaka-shi, JAPAN; Takuya Masuda, Osaka-shi, JAPAN;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-71260 03/17/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 020374					
<b>TITLE</b> Medical valve					
<b>FILING FEE RECEIVED</b> 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		